



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	12 million (mid-2007)
Estimated Population Living with HIV/AIDS**	130,000 [96,000-160,000] (end 2005)
Adult HIV Prevalence***	1.3% [1.3-2.1%] (2006)
HIV Prevalence in Most-At-Risk Populations****	Sex Workers: 35.3% (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy*****	37% (end 2006)

*U.S. Census Bureau **UNAIDS ***DHS 2006 **** Integrated Survey on Behavior and Prevalence for HIV and STI (ISBS) 2006 *****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

Mali's HIV epidemic, with an estimated adult prevalence of 1.3 percent based on the 2006 Demographic and Health Survey (DHS), is considered to be generalized, although relatively small for the West Africa region. Mali's first case of HIV was reported in 1985, and for awhile, the epidemic appeared to have stabilized. The most recent data for Mali, collected during a 2006 DHS, indicate a possible decline in the epidemic. Adult national HIV prevalence was estimated at 1.3 percent in 2006, lower than that recorded in a similar survey in 2001, when adult national HIV prevalence was estimated at 1.7 percent (2 percent among women and 1.3 percent among men) (*Cellule de Planification et de Statistique du Ministère de la Santé et al.*, 2002). Mortality is considered to be a contributing factor to the decline in prevalence.

However, recent data from sentinel surveillance sites with consistent information for 2002–2005 show that the HIV prevalence among pregnant women remains high, at more than 3 percent. This indicates that HIV prevention programs must remain vigilant. UNAIDS estimates that 130,000 people in Mali are HIV positive. While clear progress has been made among highly vulnerable groups, risk behaviors and vulnerability are still of concern.

The epidemic in Mali is feminized, with women accounting for approximately 60 percent of infections among adults aged 15 and older, according to UNAIDS. In the Ségou region, 8.6 percent of pregnant women were found to be HIV positive, according to a 2006 sentinel study cited by the U.S. Centers for Disease Control and Prevention (CDC), indicating a serious, localized epidemic. At-risk populations include sex workers, military personnel, truck drivers, and vendors.

Vulnerability to HIV infection in Mali is associated with a variety of factors, including poverty, poor health conditions, certain cultural norms, and low literacy levels. In terms of prevention, Mali has made great strides in improving knowledge of HIV and preventive behaviors. According to the 2006 DHS, 53 percent of women and 63 percent of men could correctly identify ways to prevent HIV, namely condom use and being faithful. Although prevention knowledge has improved, risky behaviors remain high. The early onset of sexual activity among young women poses an increased risk factor for infection among women ages 15 to 29 compared to men the same age. It is estimated that 24.7 percent of girls have sex before age 15. Only 16.7 percent of women and 37.2 percent of men aged 15 to 24 used a condom the last time they had sex with a casual partner, according to the 2006 DHS. Cultural factors related to HIV vulnerability include male dominance, early marriage among females, and the traditional practice of marrying the widow of a dead sibling.

Poverty results in increased prostitution and, consequently, the spread of HIV. Migration is also a contributor to HIV infection in Mali, as HIV prevalence in neighboring countries such as Côte d'Ivoire and Burkina Faso is substantially higher than in Mali, at 7.1 percent and 2 percent, respectively. Political and social unrest in Côte d'Ivoire, Liberia, and Sierra Leone are also believed to contribute to increased HIV transmission across borders.

AIDS has orphaned many children in Mali. The number of orphans due to AIDS has increased rapidly, from 59,000 in 2001 to 94,000 in 2005. These children are often raised by their grandparents or live in households headed by other children. As more parents die, the effect of HIV/AIDS on the country's children cannot be overstated. Many children orphaned by AIDS lose their childhood and are forced by circumstances to become producers of income or food, or caregivers for sick family members. They suffer their own increased health problems related to inadequate nutrition, housing, clothing, and basic care. They are



much less likely to attend school. This in itself increases their risk for HIV infection, as studies from other countries suggest that young people with little or no education may be 2.2 times more likely to contract HIV.

HIV co-infection with tuberculosis (TB) is a major concern in Mali. With an incidence rate of 124 cases per 100,000 population in 2006, Mali's TB burden is higher than the African average, according to the World Health Organization (WHO). HIV-TB co-infection appears to be common: A limited study in Bamako, reported by WHO in 2007, found that 10 percent of TB patients were HIV positive. The Global Fund to Fight AIDS, Tuberculosis and Malaria will fund a national study of Mali's TB and TB-HIV prevalence in 2008.

National Response

Since 1988, the response to the HIV/AIDS epidemic in Mali has emphasized communication and social marketing at the national and sub-national levels. The Government of Mali restructured its National AIDS Program in 2002, creating the National High Council for AIDS (HCNLS), headed by the president. In 2004, an Executive Secretariat was added to the HCNLS to coordinate multisectoral HIV/AIDS-related programming. The Ministry of Health's (MOH's) National Committee for AIDS Prevention (CSLS) provides

support to the various initiatives and programs, including clinical and vaccine trials. Although Mali has a national strategic plan for AIDS, the National Action Plan for 2006–2010 has yet to be put into practice.

The initiative for provision of antiretroviral therapy (ART) access began in 2001, with resources provided by the Government of Mali. In 2004, the president of Mali declared that access to antiretroviral drugs and related treatment would be free. Currently, however, only 32 percent of HIV-infected women and men receive ART, according to UNAIDS. Antiretroviral medicines are provided by the Global Fund, the World Bank, and the William J. Clinton Foundation.

In Mali, international commitments have resulted in the formation of a National Strategy for the Promotion of the Rights of Orphans and Vulnerable Children (OVC). With funds from the Global Fund, the Network for Orphans and Vulnerable Children works to create and consolidate an institutional and legal framework that supports the rights of OVC within the context of HIV in Mali; works with elected officials, political leaders, religious leaders, and the media to improve the life conditions of OVC through information, training, and the involvement of actors in the field; conducts research to improve the understanding of the situation of OVC in Mali; strengthens technical capacities of the groups working with OVC to make them more effective, efficient, and consistent with the national policy and strategy in this area; and develops and strengthens family and community responses for the social care and medical support of OVC over the long term.

The Global Fund approved a two-year, \$25 million grant in 2005 for Mali to expand its integrated prevention and care networks for HIV/AIDS and other sexually transmitted infections (STIs) in Bamako and the eight regional capitals. Negotiations for the second phase of funding are ongoing. The World Bank is funding a five-year, \$25.5 million Multisectoral AIDS Program (MAP) in Mali. The Mali MAP aims to build partnerships between the public and private sectors. The private sector will work with the public sector and civil society in policymaking.

USAID Support

Through the U.S. Agency for International Development (USAID), Mali in fiscal year 2008 received \$2.97 million for essential HIV/AIDS programs and services. USAID programs in Mali are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID is Mali's lead bilateral donor in funding HIV/AIDS activities and is involved in donor coordination across HIV/AIDS-related interventions and programming. USAID activities focus on preventing the HIV/AIDS epidemic from escalating in Mali by working with 23 local nongovernmental organizations (NGOs) to provide behavior change messages to a quarter of a million at-risk people; providing technical assistance (TA) to voluntary counseling and testing (VCT) services targeting 5,000 at-risk

individuals and assisting the MOH to develop and train agents in VCT norms and procedures; and giving TA to municipalities in HIV/AIDS project, design, execution, and accountability. USAID also supports advocacy with decisionmakers concerning HIV/AIDS through the Health Policy Initiative.

In an effort to reduce the number of sexual partners and increase the use of condoms by high-risk populations, USAID supports behavior change messages and programs that focus on sex workers, truck drivers, street vendors, miners, and seasonal workers. Since 2002, USAID has funded fixed-site VCT centers in Bamako, Ségou, and Kayes, and recently supported the expansion of these activities to include mobile VCT services for high-risk groups. During October 2005–March 2006, a total of 157 mobile outreach sessions were conducted at 60 different locations, reaching 2,363 people with counseling and testing services. This expansion has contributed to a 48 percent increase in the number of people tested for HIV between 2006 and 2007. Other programs include provision of technical support to *Groupe Pivot/Santé Population*, an umbrella organization grouping Mali's most effective NGOs working in community health to carry out peer education and awareness-raising activities targeting groups at high risk of HIV infection. USAID also supports epidemiological monitoring and quality control activities through the CDC, including sentinel surveillance, prevalence and behavior surveillance (ISBS), quality assurance for VCT clinics, incidence studies, and the development of national norms and procedures for VCT.

Recent USAID successes include training of more than 100 imams and numerous female Muslim community leaders in HIV prevention, education, and advocacy. Through the Imam Outreach program, USAID has worked with the Malian League of Imams and Scholars for Islamic Solidarity since 2003 to transmit prevention messages during Friday sermons in more than 140 mosques, reaching more than 450,000 people. USAID's West Africa Regional Program also conducts HIV/AIDS activities in Mali. Other work focusing on the military, which has been particularly impacted by HIV infection, includes educational events on STI/HIV transmission and prevention, as well as the opening of VCT centers.

Important Links and Contacts

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Web site: <http://mali.usaid.gov/>

USAID HIV/AIDS Web site for Mali: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/mali.html

USAID HIV/AIDS Web site for the West Africa Regional Program:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/waregional.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids

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